

## ***Personal Care Service Documentation Log***

### **Student Information**

Name: Jane DoeDate of Birth (Mo/Day/Year): 2/1/97Diagnostic Code: 315.9Personal Care Hours Per Week: 33Does the student receive 1:1 services during their entire school week? yes

### **Provider Information**

Provider Name: Mary SmithProvider Title: Individual AideSupervisory Union: Vermont SUName of School: Vermont Elementary School

The student's current IEP requires full-time 1:1 personal care services.

**Service Dates:** The numbered boxes below reflect the days of the month. Write the number of hours personal care was provided in the corresponding date box. DO NOT USE PENCIL OR WHITE OUT.

Month October Year 2006

Month \_\_\_\_\_ Year \_\_\_\_\_

Use this set of dates for a two-month billing period

1	2 6hr	3 6hr	4 6hr	5 6hr	6 6hr	7		1	2	3	4	5	6	7
8	9 6hr	10 3hr	11 6hr	12 6hr	13 6hr	14		8	9	10	11	12	13	14
15	16 6hr	17 6hr	18 6hr	19 6hr	20 6hr	21		15	16	17	18	19	20	21
22	23 6hr	24 6hr	25 6hr	26 6hr	27 5hr	28		22	23	24	25	26	27	28
29	30 6hr	31 6hr						29	30	31				
Total hours personal care was provided during the billing period												128	hours	

**Service Type:** The 1:1 personal care support for this student includes the following activities. Check all that apply (at least one of the 1 through 9 activities must be checked in order to be considered personal care).

1. ☐ Assistance w/Eating      5. ☒ Behavior Management      9. ☐ Assistive Devices2. ☐ Assistance w/Toileting      6. ☐ Signing/Interpreting      10. ☐ Other: \_\_\_\_\_3. ☐ Assistance w/Dressing      7. ☐ Medication Admin. \_\_\_\_\_4. ☐ Assistance w/Hygiene      8. ☐ Mobility/Safety \_\_\_\_\_Provider Signature: Mary SmithDate: 11/2/06Supervisor Signature: Jessica HillDate: 11/2/06Supervisor Name (Printed): Jessica Hill